



September 14, 2009

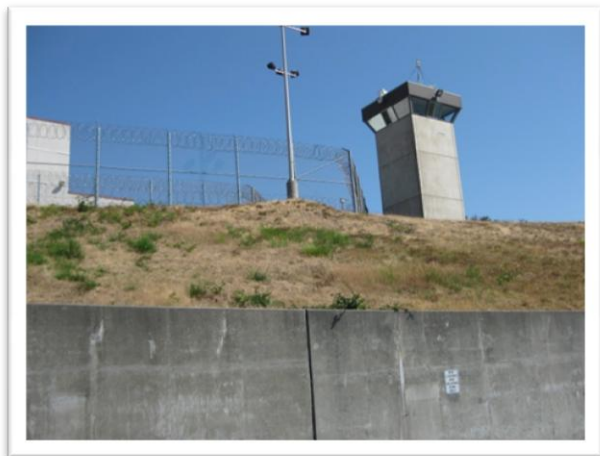
Dear Kitchen Cabinet members,

I wanted to update you on a few things on which I've been working over the past several weeks. I've received two **responses to the letters I sent** to our state's congressional delegation reflecting the concerns of the people I represent. You'll also be interested to know that the Department of Corrections is looking into using part of a warehouse at Western State Hospital to begin a new program which I feel could lead to a **work release facility** also being placed at the hospital. Finally, there is some confusion over a **ballot measure** that you'll be asked to approve or reject in November and I wanted to help clarify it for you.

- BREAKING NEWS -

As part of my continuing efforts to keep you well informed about things that are happening, below are two new developments that affect the 28th District that have not yet been reported in the media, so you are the first to know.

McNeil Island: DOC not likely to close prison



I attended a meeting Thursday, September 10th, with a group that is looking at the feasibility of closing prisons and DSHS facilities in Washington. It was disclosed at this meeting that **McNeil Island is not likely to be closed down.**

Shutting down the prison would mean hiring more employees to replace the 100 plus inmates who currently work maintaining the island's roads and sewer system, staffing the fire department and other jobs. That could cost upwards of \$2 million dollars.

Also, despite being assured that the decision to close the prison would not be affected by the federal grant to use that land, there is indeed a reversion provision that requires the land to be returned to the federal government if the state stops using it as a prison facility. That would also require the Special Commitment Center to be relocated, which is another reason why the prison is likely not going to be closed.

I don't expect any prison in the state will be closed. What they will probably do instead is remove old and unused portions of some prisons, such as Walla Walla and Monroe. They have a temporary overage of beds which likely won't last longer than a year before the statewide prison population goes up again, so the state will either mothball the unused sections and/or rent some of the extra space to the federal government.

Western State Hospital: A back door to a work release facility?

It has come to my attention that DOC is considering putting an inmate-operated mattress recycling facility in a DOC warehouse located on the grounds of Western State Hospital.

When people throw their old mattresses in the trash, they end up at the dump. The bulldozers at the dump sometimes run over the mattresses, and the steel springs get tangled in the axles and treads.



The inmates would work tearing up the old mattresses to recycle the steel springs and wood frames. As you may remember, there has been a long-simmering dispute between the city of Lakewood and DOC over the location of a Tacoma work release program. Lakewood has repeatedly refused to issue permits to DOC to move the work release program into

Lakewood, and I believe that allowing this recycling program on the grounds of Western State Hospital might set a precedent and open the door for **DOC to move the Tacoma work release program to the hospital.**

The department wants to bring female felons in from the Mission Creek facility to work daily in a **staff-secured** DOC warehouse at Western State, which means there would be no physical walls or fences to keep them from leaving the facility. There really isn't anything preventing these female inmates from escaping into Chambers Creek Canyon, University Place, Steilacoom, or a number of other places. Western State Hospital is right across the street from the largest park in our district, and there are a number of exits an inmate could use to escape.

I've recently been appointed to the Department of Corrections' Correctional Industries Board of Directors. [Correctional Industries](#) maintains and expands offender work training programs which develop marketable skills, instill and promote positive work ethics, and reduce the tax burden of corrections. As a member of the board, I will be more aware of what's going on at DOC, like the mattress recycling facility being considered at Western State Hospital.

Congressional representatives respond to my letter

Nearly two months ago, I wrote a letter to all nine of our state's U.S. representatives and both of our state's senators. In that letter, I urged our congressional delegation to read important bills like health care reform and cap-and-trade before voting on them, and to really listen to the opinions of their constituents. Only two of the eleven congressional representatives I sent the letter to have gotten back to me as of this e-mail.

Congressman Dave Reichert was kind enough to respond to my letter by personally phoning my office. He was on his way back to Washington D.C., but wanted to thank me for the letter and said that he appreciated my concerns and the concerns of my constituents.

Congressman Adam Smith was the only other person who responded to me. He sent me a letter, which I've included for your benefit below. I thought you'd want to know what Rep. Smith said in his reply to my letter, and if it differs from a response you may have gotten as well.

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VICE CHAIR,
NEW DEMOCRAT COALITION

August 11, 2009

Senator Mike Carrell
Washington State Senate
28th Legislative District
P.O. Box 40482
Olympia, Washington 98504

Dear Mike,

The United States Congress is entering a critical stage in the effort to reform our country's health care system. I believe very strongly that, with the right legislation, we can provide quality, affordable care to all Americans while controlling costs and improving quality.

The House has now introduced, through a tri-committee process, its first bill aimed at substantially changing that system. I fear, however, that this bill doesn't recognize the need for reform that will not only create universal access for all Americans, but that also fundamentally changes our broken and inefficient health care system to control costs and improve quality. The cost of adding the nearly 50 million uninsured Americans into our current health care system without structural changes in health care delivery, as this bill does, could collapse the health system. And, by so doing, we will have missed a tremendous opportunity to change how all Americans receive health care in ways that will address the significant shortfalls that currently exist in the quality of that care.

The Tri-Committee legislation, while it makes great strides toward covering more Americans, is unsustainable. The draft is too expensive and misses the most fundamental problems with our current system. We will be unable to provide quality care for those Americans who would gain coverage under this legislation if we do not remedy the current wasteful spending and out of control costs in health care. Further, I am concerned that the Obama Administration has released several promising ideas but has not yet put forth a solid legislative proposal around which Congressional leaders can coalesce.

Achieving the essential goal of affordable health care and universal access to care can only be achieved and sustained through cost containment measures. In this country we do too many unnecessary tests, prescribe too many unnecessary drugs, perform too many unnecessary surgeries, and have too many unnecessary hospitalizations. With greater emphasis on primary care, prevention, and paying for quality outcomes instead the amount of services there is a way to reform health care that could not only rein in costs, but could also improve the quality of care dramatically.

If we are going to be able to provide universal coverage to all Americans without bankrupting our economy, we have to eliminate fee-for-service (FFS) medicine. It has led to massive overutilization of treatment and tests. The current FFS model, and basis of our health system, rewards the quantity of services provided rather than the quality of care. In this system, providers are overburdened and incentivized to fit in too many patients. Providers must rush through appointments, which means that they can often order treatments, tests, and specialists that they may have otherwise determined to be unnecessary if they were afforded more time with their patients.

Unfortunately, however, the debate on overhauling FFS medicine has taken a disappointing turn in Congress. The argument has been made that, if we move away from FFS, it will lead to rationing of necessary tests and treatments. Correcting the flawed FFS system is not about rationing medicine or valuing one kind of care over another. Rather, it is about more efficiently expending resources. There are studies that show that regions of the country that spend the most on health care and perform the most tests and procedures have a lower quality of care than those areas that have lower costs. The debate, then, should not be about denying care but about reducing overutilization of unnecessary services and promoting higher quality care, both of which save money.

The problem is particularly apparent in Medicare where the reimbursement rate formula fails to reward efficient health care regions at a fair rate and overutilization is rampant. As a result, Washington state and others like it with very efficient health systems, where providers order fewer unnecessary tests and treatments, have very low reimbursement rates compared to other regions of the country.

This system is not only unfair to states like Washington, it is incredibly wasteful and unsustainable for the entire health care system. Providers are paid for the amount of care whether or not it is of high quality and in the best interest of the patient. The Tri-Committee bill does nothing to reform this system, and also adds to the problem by basing the public option on this same failed fee-for-service reimbursement model.

If health care reform rewarded doctors for the quality of the care they provide, rather than the quantity of tests, referrals, and visits, we could greatly reduce the amount of services and provide better, more efficient care and cover more Americans in a sustainable way.

I believe a public plan option and broader health reform is our opportunity to get off of fee-for-service medicine. I am supportive of a public option that includes both a reformulated reimbursement system and a focus on preventative care with discounts for people that make progress on preventable and controllable health conditions.

As you know, preventative care is about more than tests and taking medications, it is also about promoting healthy behaviors and individual engagement. Health care should be a shared responsibility between patients and providers and that should be reflected in how people pay for insurance. There are several common preventable, controllable, health conditions that can lead to larger problems such as high blood pressure, high cholesterol, obesity, and smoking. Pricing

that rewards efforts to improve or control these problems is not only fair, but also incentivizes individuals to actively engage in their own health, ultimately driving down the cost of care.

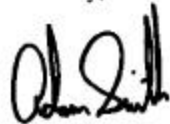
Many companies that self-insure their employees have had great success with risk-based pricing. The system they use gives discounts to people who make progress on or control the issues mentioned above and charges people who don't control them more. Using this model, these companies have had great success with not only improving the health of their employees, but also with keeping health care costs low while the rest of the country saw inflation in costs. There is no reason why this model could or should not be applied to all federal health care programs including the Federal Employees Health Benefits Program (FEHBP) in which Members of Congress participate.

The Tri-Committee bill makes great progress toward covering more Americans. But, the introduced legislation makes minimal progress toward containing costs which will mean that our health system will remain unsustainable, our federal debt will continue to grow, and the burden of an excessively expensive health care system will continue to be an impediment to economic growth.

It is also important for the White House to take a more active role in formulating health care reform legislation. To date, the Obama administration, while very supportive of Congressional efforts to reform health care, has not yet introduced its own legislative text. It is necessary for the White House to contribute concrete ideas to this debate so that Congress and the American people can know exactly where President Obama stands. I would encourage you to contact the White House and urge the President to present his own version of health care reform legislation.

Now is the time to fundamentally reform our health care system in a way that expands access while containing costs to instill efficiencies in the system that pay for the expansion. I am hopeful that these issues will be addressed as health care reform moves forward and I look forward to working with my colleagues and President Obama on these important issues.

Sincerely,



Adam Smith
Member of Congress

AS:sm

If you'd like to receive occasional e-mail updates from my office, please visit my website to sign up - <http://www.house.gov/adamsmith/IMA/newsletter.shtml>.

Clearing up some confusion

You may be following the progress of [Referendum 71](#), the November ballot measure that will ask voters to approve or reject [Senate Bill 5688](#), the "everything but marriage" bill that grants all the same rights to same-sex couples that married people have. Recently, upon reading the Senate's synopsis of the measure, I was confused as to what it really meant. I did some checking and came across some information that I thought would be helpful to the

people I represent. **I had thought that if you voted to approve the referendum, you would be rejecting the bill. In fact, the reverse is true.**

Those who support rejection of SB 5688 have been calling on fellow supporters to sign the referendum for several months. Just a few weeks ago, the Secretary of State ratified those signatures and the measure will be on the ballot in November. The confusion lies in the fact that the Secretary of State's office has decided that the measure will be a direct referendum on SB 5688. **If you approve of the bill, you'd likely approve the referendum, and if you disapprove of the bill, you'd likely reject the measure.** If it passes, then same-sex couples will be granted the same rights that married couples have in the state of Washington.

Essentially, Referendum 71 is asking voters to approve or reject what the majority in the Legislature passed during the 2009 session. I hope this clears up some of the confusion for you.

In closing...

If you know someone in our district who might be interested in receiving these updates, please feel free to forward this e-mail to him or her.

As always, if you'd like to contact me you can write, phone, e-mail, or stop by my Olympia office. I look forward to your comments and suggestions because they help me better represent you. My office phone number is (360) 786-7654, and my home phone number is (253) 581-2859. Or you can write me at **102 Irv Newhouse Building, P.O. Box 40428, Olympia, WA 98504-0428.**



- Legislative E-mail address: carrell.mike@leg.wa.gov
- Home E-mail address: mcarrell@hotmail.com

Sincerely,

A handwritten signature in black ink that reads "Mike". The letters are cursive and fluid, with a small dot above the 'i'.

Mike Carrell

28th District State Senator